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CONFIRMATION NO. 2740

<b>SERIAL NUMBER</b> 10/786,720	<b>FILING OR 371(c) DATE</b> 02/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> WYE-030
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*CM* This appln claims benefit of 60/449,753 02/26/2003 and claims benefit of 60/449,693 02/26/2003  
 and claims benefit of 60/449,795 02/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Doc / CM*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carle mms</i> Examiner's Signature	Initials			

**ADDRESS**

54623

**TITLE**

Compositions and methods for diagnosing and treating autoimmune diseases

<b>FILING FEE RECEIVED</b> 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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